N-FOCUS Major Release Medicaid and Long Term Care July 13, 2014

A Major Release of the N-FOCUS system is being implemented July 13, 2013. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into four main sections:

General Interest and Mainframe Topics: All N-FOCUS users should read this section.

Electronic Application: N-FOCUS users responsible for case activity received through the Web based Electronic Application should read this section.

Developmental Disabilities Programs: N-FOCUS users who work directly with DD programs and those who work with the related Medicaid cases should read this section. Note: This section will only appear when there are tips, enhancements or fixes specific to Development Disabilities Programs.

Expert System: All N-FOCUS users with responsibility for case entry for AABD, ADC Payment, SNAP, CC, FW, IL, MED, and Retro MED should read this section.

Note: When new functionality is added to N-FOCUS that crosses multiple topics (ie General Interest and Mainframe, Alerts, Correspondence, Expert System etc) the functionality will be described in one primary location. This location will usually be the General Interest and Mainframe section or the Expert System section. Alerts, Work Tasks and Correspondence that are part of the new functionality will be documented in both the primary location that describes the entire process and in the Alerts, Work Tasks and Correspondence sections.

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General Interest and Mainframe

Application Reason (New)

MLTC has added two new application reasons, Add a Person and Change.

An application will be tied as Add a Person if a client files a new application in order to add a person to their already pending or active case. If the program case is assigned the worker will receive alert 460 'Application Received'. If the case is UC then work task 47 'Application Received- Add a Person' will be created.

An application will be tied as Change when it is determined that the client is attempting to report a change by filing a new application. If the program case is assigned the worker will receive alert 460 'Application Received'. If the case is UC then work task 48 'Application Received- Change' will be created.

MLTC will no longer receive an alert or a work task when an application is tied as a duplicate.

Verify Current Income Window – TALX (New)

Earned income verification for Pending or Active persons in a Medicaid program may be requested from a federal contractor through the Federal Data Services HUB.

Note: This service is also known as TALX.

To submit a request, follow these steps:

1. From the Detail Master Case Window, select Actions>Verify Current Income.

The Verify Current Income window displays all of the persons aged 16 or older in a Medicaid Program Case within the Master Case. Included in the display are First, Last, Middle names plus extension, Date of birth, last for digits of the SSN, Request Date and ARP number.

2. Select the appropriate Medicaid Person. When a person is selected, the following icons become enabled:

Person Icon – Select this icon to navigate to the Person Detail window.

Interface Icon – Select this icon to navigate to the Interfaces Menu.

Submit to Income Verification button – Select to submit a request.

3. To submit a request, click the Submit to Income Verification button to submit a request to the federal contractor through the Federal Data Services HUB.

    Note: The Response Description will indicate whether or not the request for the selected Medicaid Person has received a successful response.

4. To view the information contained in the response, click the Interfaces icon to navigate to the Interfaces Menu window.

Verify Current Income – VCI Icon (New)

The Verify Current Income interface is available for Medicaid workers to verify earned income that has been reported by employers to a national data base. The person must be pending or active in a Medicaid program case for the interface to be available.

To view this information, follow these steps:

1. Navigate to the Interfaces Menu for the appropriate Medicaid Case person.
2. Click the VCI icon.

   The Verify Current Income List window will display.

   The Case Person box displays the name, Social Security Number and birthdate of the person.

   The Request box display the Request Date, Request time, Response Date, Record Effective Date and Response Description of each request.

3. Select a row from the Request Box.
   The Employer Name and Employer Federal Tax Identification number will display and the Employer Information button will become active.

4. Click the Employer Information button.
   The Verify Current Income – Employment Information window will display.

The Verify Current Income – Employment Information window displays the following information:

Employee Information – displays the full Name and Date of Birth of the employee

Employment Information – displays the Name, Address and Federal Tax Identification number of the employer

Base Compensation Information – displays the Pay Rate, Pay Rate Frequency, Pay Is Received, and the Annualized Income Amount

Pay Period Information - displays the Pay Date, Pay Period End Date, Pay **Period Hours, Gross Income and Net Income** - displays for each Pay Period in the scroll box

Employer Information – displays the Employee Status, Originals Hire Date, and the End Date

Annual compensation Information - displays the Income Year, Base Compensation and the Total Compensation

Master Case Mode (New)

MLTC Mode- a mode at the master case level has been added for MLTC. The mode is based on the mode of the Medicaid programs in the Master Case. The MLTC mode can be viewed from the detail menu on Detail Master Case. This is mainly used by the work task manager to determine which work task is the next to be assigned.

Add Person, Verification Type(s), Program(s) (Change)

When worker clicks on the EA or MLTC verification request it will now filter the list of eligible verification types/categories by program type. This will reduce EA or MLTC workers from requesting anything that is not necessary for EA or MLTC.
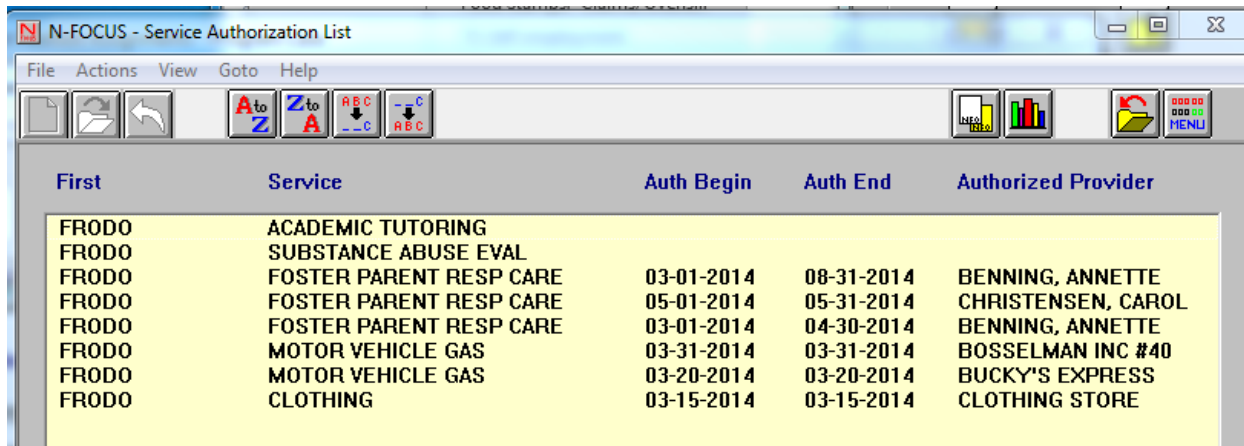
Service Authorization List (Change)

Previously when adding a new Service Selection, the user may have needed to scroll through the list of services to find it. Now, when a new Service Selection is added, it will now display at the top of the Service Authorization list.

Program Case Assignment (Fix)

Users have been receiving a critical error when selecting Program Cases to assign in a Master Case with 30 or more Program Cases. This has been fixed. This message will now appear advising users to review the Program Cases selected as some may need to be assigned from the Detail Program Case.

Note: All Closed Program Cases now must be assigned from the Detail Program Case window.
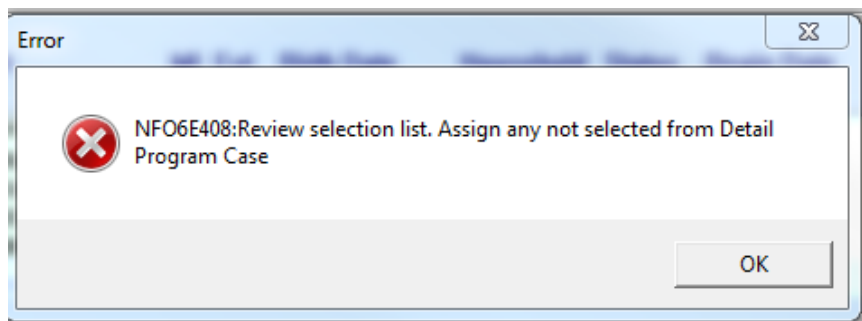
MESA (Change)

MESA will not stop when it encounters either the calculate window or most mandatory tasks. This was changed to accommodate the business process of excluding either the EA or MLTC income from budgeting.

Narrative Search (Tip)

If you receive the pop-up message shown, narrow your search to receive the most recent narratives. To do this, either search by fewer programs or enter a specific To and From Date Range.
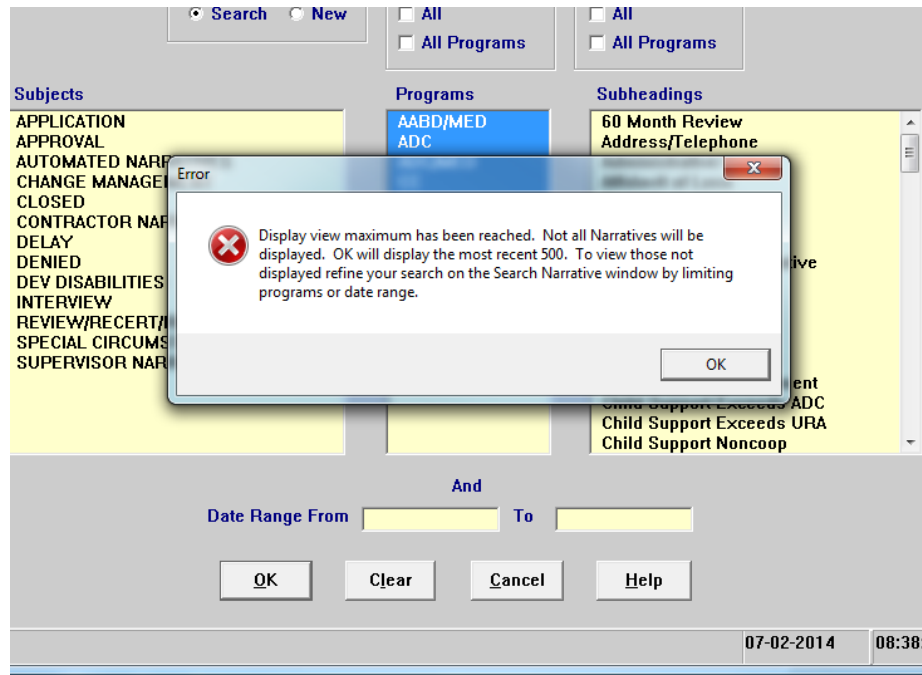
Interfaces Menu

Interfaces Menu (Change)

New Interface icons have been added to the Interfaces Menu:

- IPV – SNAP Intentional Program Violations
- VCI – Medicaid Verification of Current Income
- Yellow SSA – The indication of death information has been added

The order of the selections buttons on the Interfaces Menu has also changed and two new buttons have been added.

Interview Letter (Change)

Effective with this release, you will be able to view ALL Interview Letters in English even if they were originally created in Spanish.

Paper Renewal (Change)

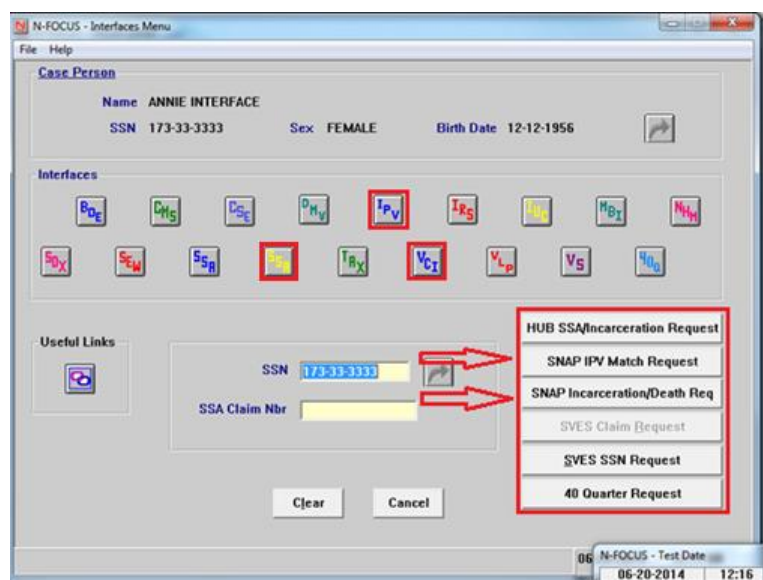The Medicaid Paper Renewal Form has been updated based on suggestions from the field and to align closely with the Online Renewal form.

Note: The Renewal Forms should not be tied as an application. Do not select another type of paper application to tie as a Renewal. To document the receipt of a Renewal Form, update the Received Date on the Review/Recert Tracking window prior to updating the next Review Due Date.

MLTC-51 Use (Change)

We will no longer send out the MLTC-51. This form has been replaced with the following statement on the Paper Renewal Form:

If you would like to add an additional person to your household, please go online to www.AccessNebraska.ne.gov, click on Printable Forms, click on Additional Person Form used with Medicaid and Insurance Affordability Programs Application: MILTC-51, print and complete form and attach to this renewal form. You can also call 1-855-632-7633, for Lincoln 402-473-7000, for Omaha 402-595-1178 to have a form sent to you.

Building the Tax Household (Change)

On the Paper Renewal Form, the client will be asked to document their Tax Household in Section 2 of the RQ (Combined) and RM (Magi) form by using the following Tax Filing Status Abbreviations:

Tax Filing Status Abbreviations:

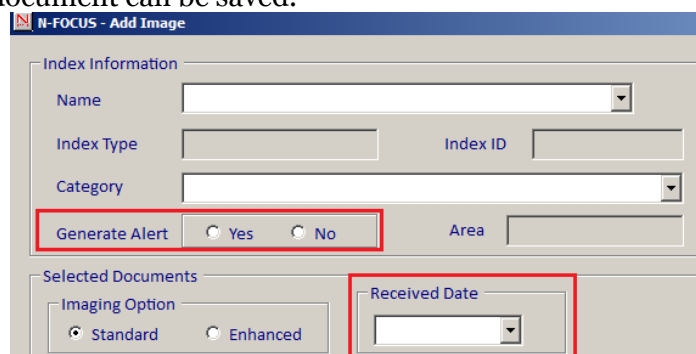|		
Single Tax filer-S	Married Filing Separately-MS	Tax Dep. Of Other-DO
Married Filing Jointly-MJ	Tax Dep. Of a Parent-DP	Non Tax Filer-NF

Document Imaging Routing (Change)

With this release, submitted documents will be routed in the following manner:

- Documents submitted from the ACCESSNebraska website will now be routed to the two ANDI Centers (Omaha and Lincoln)
- Documents submitted from the ACCESSNebraska menu under (Submit Documents and Report Changes) will be distributed evenly across the two ANDI centers
- Documents submitted from the Economic Assistance initial or Review/Recert E-Applications will be routed to the Omaha ANDI center
- Documents submitted from the Healthcare E-Application or Online Medicaid Renewal will be routed to the Lincoln ANDI center
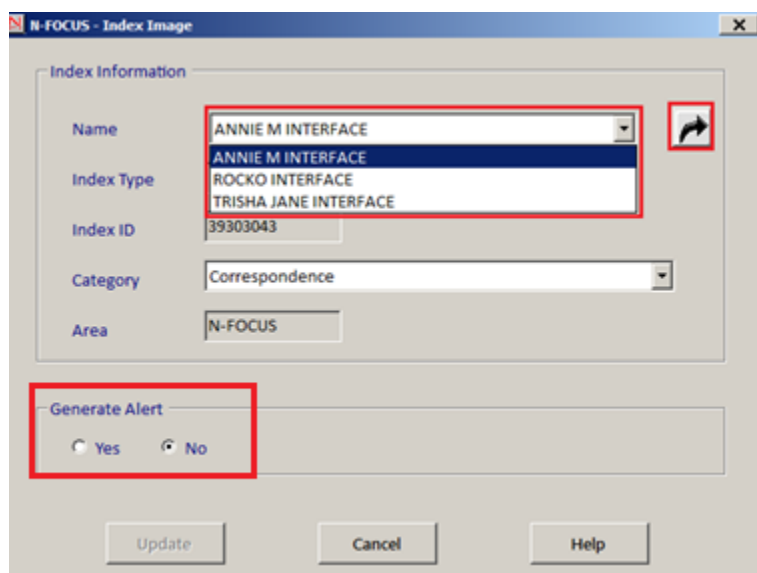
Add Image Window – Change

These changes do not apply to the ANDI centers. The Generate Alert check box has been replaced with Yes and No radio buttons. The user must enter a Received Date, it no longer defaults to current date. Both the received date and the Generate Alert indicator must be populated before the document can be saved.

Index Image Window (Change)

When updating the Index Information (Action>Update Index Information) to change the Person Name, the Name field drop down will list all of the Master Case Persons for selection. If the person for whom the document is to be indexed is not part of the Master Case, use the Out-Select arrow to search for the correct person on N-FOCUS.

The Index Image window will also have Yes/No radio buttons for Generate Alert. System will default to No on the Index Image window.

Document Imaging Categories (Change)

The following are new EA document imaging categories:

1. EA correspondence
2. EA Report Form

The following are new MLTC document imaging categories:

1. MLTC correspondence
2. Premium Payment
3. MLTC Report Form
4. Tax Information Form

The Correspondence category should be used if all program areas are to be notified. If the correspondence is only needed for a particular area then use the category that applies. EA Correspondence and MLTC Correspondence have been added. Correspondence –P & S already exists.

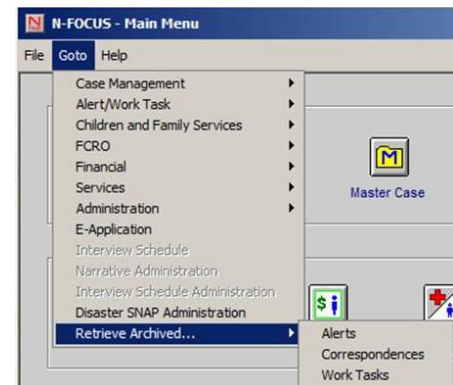## Alerts

Archived Alerts (Change)

The security needed to view archived Alerts, Correspondence and Work Tasks has been removed. Effective with this release, all workers will be able to view these items.

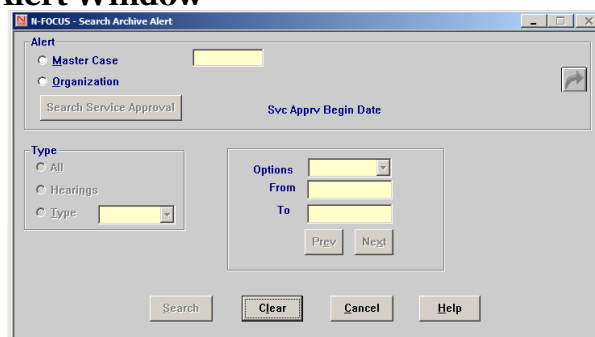To retrieve archived Alerts, Correspondence and Work Tasks, follow these steps:

1. From the Main Menu, select GoTo>Retrieved Archived…
2. Select Alerts, Correspondence or Work Tasks.

    A search window will display based on your selection.
    - Search Archive Alerts
    - Search Archive Correspondence
    - Search Archive Work Tasks

Search Archive Alert Window

Search Correspondence Alert Window

Search Work Task Alert Window

3. Enter the search criteria as appropriate.
4. Click Search.

   A List window will display based on your selection.
   - List Archive Alerts
   - List Archive Correspondence
   - List Archive Work Tasks

5. Double click the appropriate row to view the archived material.

Mail Received Alerts (Change)

MLTC will no longer receive a mail received alert when mail is categorized as Child Care/SSBG, Education, or Work Requirements.

MLTC will no longer receive a mail received alert when mail is categorized as either Resource or Child Support and the person is in a MAGI program case.

EA will no longer receive a mail received alert when mail is categorized as Work Requirement.

Mail Received ORG Alert (New)

This alert will be generated any time a document is scanned by the ANDI Centers and attached to an Organization, for all categories. When using Document Imaging, the user must elect to generate the Alert. The alert will be sent to all workers assigned to the Organization's Home Details and Service Approvals. If the same worker is assigned to both the Home Details and Service Approval, the alert will only be sent one time.

Alert Text: Mail has been scanned. View by going to Document Imaging.

Alert #505 S-CHIP End of 12 Months (New)

This alert will be generated for Medicaid participants who are about to reach the 12 month eligibility end date. This alert will be created on the 15th of each month to notify the worker that a child is reaching the end of the 12 month time limit for S-CHIP.

Alert Text: Twelve months of S-CHIP eligibility for <First Name Last Name) ends <Date>. S-CHIP must be closed. Review for eligibility in other categories.

Work Tasks

Work Task Manger (Change)

The order that MLTC work tasks are delivered from the work task manager has changed. The work task manager will deliver high priority work tasks first, oldest to newest, regardless if the work task is directed or non-directed. After high priority work tasks are done the work task manager will deliver regular priority, oldest first, regardless of directed or non-directed.

Manually Created Work Tasks (Change)

When creating a work task manually the only programs available on the Select Program list will be those belonging to the same division as the work task being created and there is at least one program of the type in a universal caseload mode.

Work Task - #47 Application Received – Add a Person (New)

This work task will be created when a new case is registered, reopened or an application is tied with the application reason Add a Person.

Work Task #48 Application Received – Change (New)

This work task will be created when a new case is registered, reopened or an application is tied with the application reason Change.

ACCESSNebraska Web Site Start Page (Change)

The ACCESSNebraska website will have the following changes with this release:

- Client Benefit Inquiry will now be accessed from My Account.
- My Account will be a centralized place where a customer can:
  - View Current Benefits
  - View Correspondence
  - Select Correspondence Delivery Preferences **(MEDICAID/CHIP ONLY)**
- Clients will be asked to log into the My Account of ACCESSNebraska when they click this area
  - Existing client users will use their existing User Name and Password
  - New client users will be asked to create a User Name and Password
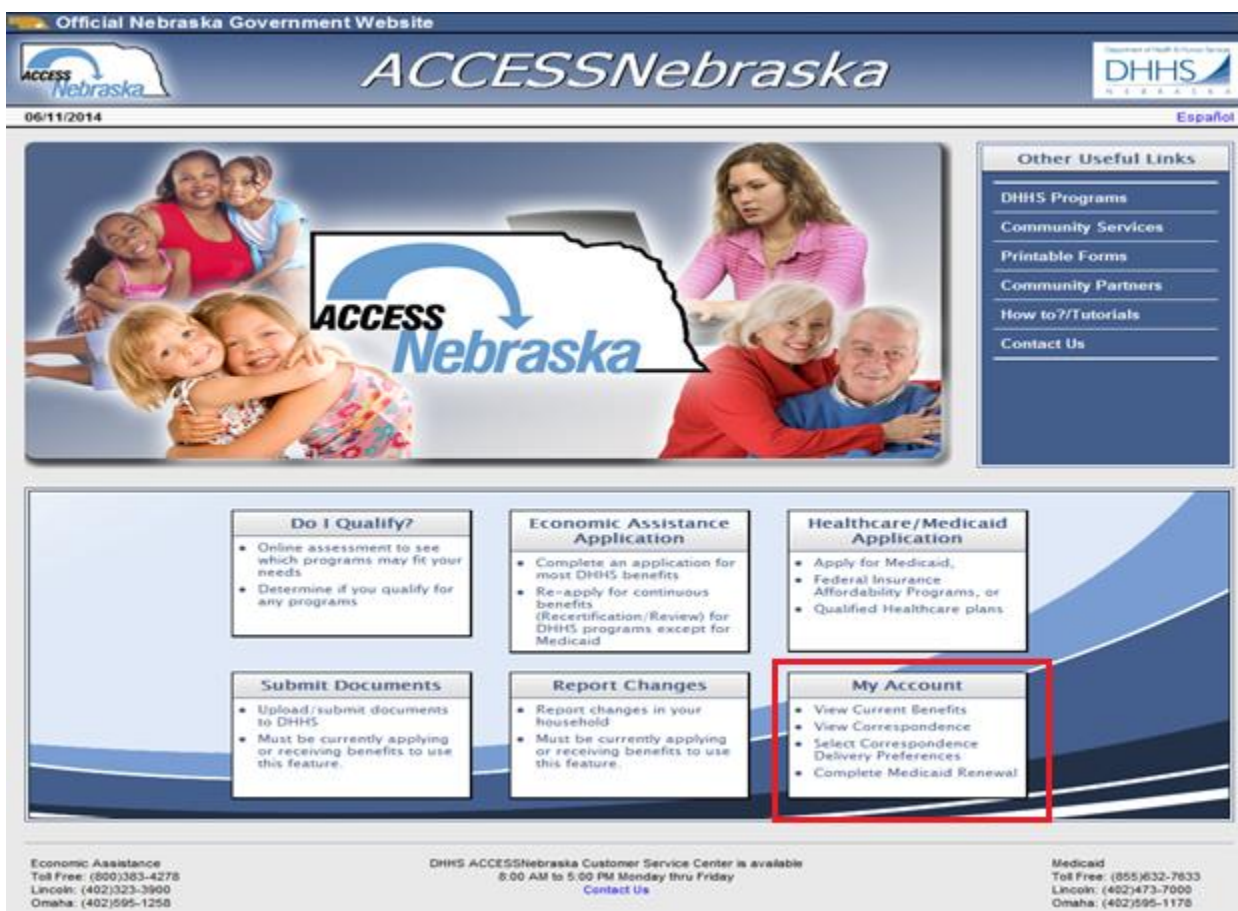
ACCESSNebraska Menu Screen (Changed)

Information for all of the programs is available on this window. Once a client is logged in to ACCESSNebraska My Account, they have access to all of this information. The following changes have been made with this release:

Benefit Inquiry
- Client Benefit Inquiry (CBI) is now accessed via the Benefit Inquiry application.

Medicaid Renewal
- This is a new function within My Account. From this application you can renew current Medicaid benefits.

My Preferences
- This is a new function within My Account. From this application you can set up email notifications for correspondence receipt, set up to receive both USPS mail and email notifications and change email address.

Benefit Inquiry (Change)

Client Benefit Inquiry (CBI) is now accessed via the Benefit Inquiry application located on the above screen.

Online Renewal Form (New)

A prepopulated Medicaid Online Renewal form is available for by clients who have a Medicaid renewal due, via My Account or by calling in and completing a phone renewal with an SSW.

Clients who have created a My Account via the ACCESSNebraska menu, can complete an Online Renewal form by using the Medicaid Renewal Icon.

Medicaid Renewal
- Renew current Medicaid Benefits
- To use this feature your Medicaid case must be due for renewal
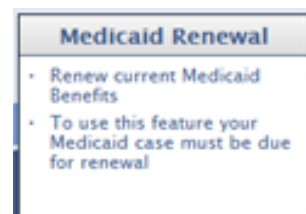
The Medicaid Online Renewal form icon is available 60 days prior to Review Due date for active Medicaid cases. Medicaid cases closed for failure to complete a renewal, have 90 days from the closed date till 5 pm, to complete the online renewal form.

Customers can use the My Account feature, My Preferences to indicate how they would like to receive notifications (mail, email or both). Individuals who chose both with receive an email to notifying them that a renewal is due for the Medicaid program case they are associated with, further instructing them, about how they can complete their renewal form via paper or online.

My Preferences Correspondence Delivery Preference (New)

The Correspondence Delivery Preferences within My Preferences is a new section created to allow customers to select if they would like to receive their correspondence in the mail or be notified, via email, to view the correspondence via the Client Benefit Inquiry. Clients will have the ability to select BOTH mail and electronic notification.

My Preferences
- Set up email notification for correspondence receipt
- Set up to receive both USPS Mail and email notification
- Change email address
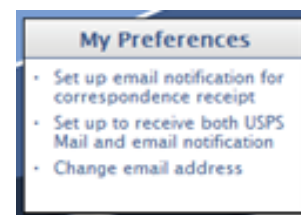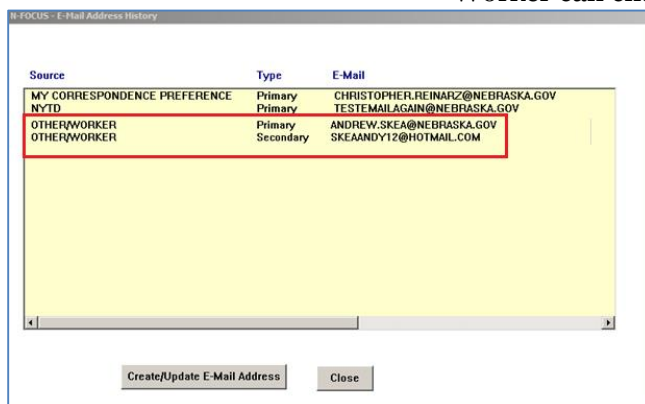
Note: An email notification will instruct them to log on to My Account>Benefit Inquiry in order to view the correspondence.

If the client elects to receive an electronic notification, they will be prompted to verify their email address before an electronic notification will be sent.

There are three types of email types in N-FOCUS. The following shows the types and who has the ability to make changes to the email address:

My Correspondence Preference **(MEDICAID/CHIP ONLY)**   Worker cannot change
NYTD   Worker cannot change
Other/Worker   Worker can change

To view the My Preference information in N-FOCUS, follow these steps:

1. Navigate to the Person Detail window.
2. Click the Address push button.

   The Detail Address window will display.

3. Click the My Preferences push button.

The List Correspondence Delivery Preferences History window will display.

Note: If no preferences have been created, this list box in the List Correspondence Delivery Preferences History window will be empty.

Printable Forms on ACCESSNebraska (Change)

The Printable Application tab on ACCESSNebraska's Main Menu has been changed to be called Printable Forms. The forms listed there can now be printed by clients.

ACA Federal Referral ID (Change)

Effective with this release, you can View/Add/Update the ACA Federal Referral ID for persons belonging to a Medicaid Program Case for the specific Marketplace application.

> **Note:** Federal Referral IDs should be corrected prior to approving/denying the application so that the correct information is sent to the Marketplace.

To View/Add/Update the ACA Federal Referral ID, follow these steps:

1. Navigate to the Applications Tied to Program Case window.
2. Select Actions>Federal Referral IDs

The Maintain Federal Referral IDs window will display with the Federal Referral ID information provided in the Group Box.

> **Note:** If the Federal Referral ID Group Box is empty or the information is incorrect, you can add or update the information with the following steps.

3. Select (highlight) the appropriate person.
4. Click Add or Update as appropriate.
5. The Federal Referral ID will populate.
6. Click OK.
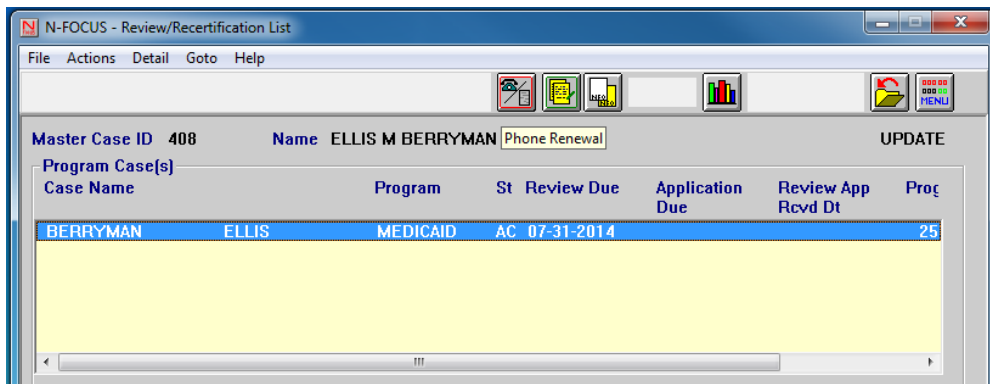
Healthcare Nebraska Online and Phone Applications

The Healthcare Nebraska Online and Phone Applications Citizenship/Immigration questions have been updated in the document type area to be consistent with the requirements of making a call to the Federal Data Services Hub to Verify Lawful Presence.

Medicaid Phone Renewal (New)

Individuals also have the option of calling in and completing a Medicaid Phone Renewal.

The prepopulated Medicaid Online Phone Renewal form can accessed by a worker by going to the Review/Recert Tracking window, highlighting the Medicaid program case due for renewal and click on the Phone Renewal Icon. Once the icon is clicked you will be asked to "Select a Language" (English or Spanish). Select the appropriate option and click OK.
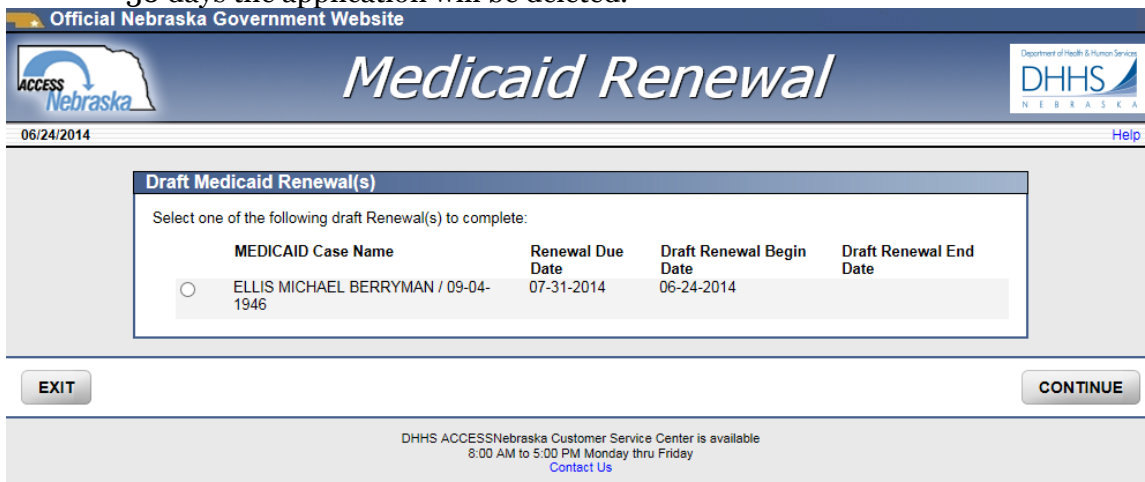
The prepopulated Online Renewal form will be launched. Review all questions with the individual and fill in the correct response.

Note: If a client is not able to complete the Online Phone Renewal a draft can be saved allowing the client to call back and complete the renewal at a later date. When the Continue a Draft Renewal form option is selected, the renewal form will display and the interview can begin again where they left the last time the renewal was entered.

Applications that have not been completed will stay on the list for 30 days. After 30 days the application will be deleted.

When the Medicaid Online Renewal form is submitted, staff will print and send the completed form to the client. If they need a Release of Information form, print and send that to the client as well.

Submission of the renewal form automatically updates the Review App Rcvd date, and the form becomes available for the worker to view in PDF format.

An assigned Medicaid case will get Alert 508 (Alert # 508 Online Renewal Form Received), to notify the worker that an Online Renewal form has been submitted, if the case is UC, a work task is created (Work Task # 049 Online Renewal Form Received).

To view an Online Renewal form that has been submitted, highlight the appropriate Medicaid Program Case on the Detail Master Case window and select the MED Renewal Forms icon. The List of Program Case Renewal Forms window will display.

Note: Workers will continue to access the paper renewal forms via the Document Imaging icon.

If the selected program case had an Online Renewal form submitted, the List of Program Case Renewal Forms window will display. The List of Program Case Renewal forms window provides the form number, type (MEDPH is a phone renewal and MEDRF is an Online Renewal form submitted by the client) and submitted date.

To view a PDF of the Renewal Form, select the appropriate row and click the Renewal Form icon.

Close Case Actions Delay Reason (Change)

A new Delay Reason of Agency Delay has been added to the Close Case Actions as part of an ongoing Legislative study of ACCESSNebraska.

When a Program Case is Closed or when a budget is initially Approved/Denied NFOCUS will look at the Application Received Date and determine if the Program Case is being processed according to regulations for processing.

If not, the worker will record the reason for the delay - Agency, Client, or Third Party.

Agency Delay – a delay caused by DHHS either due to a system or process issue which caused a delay in taking action on the application.
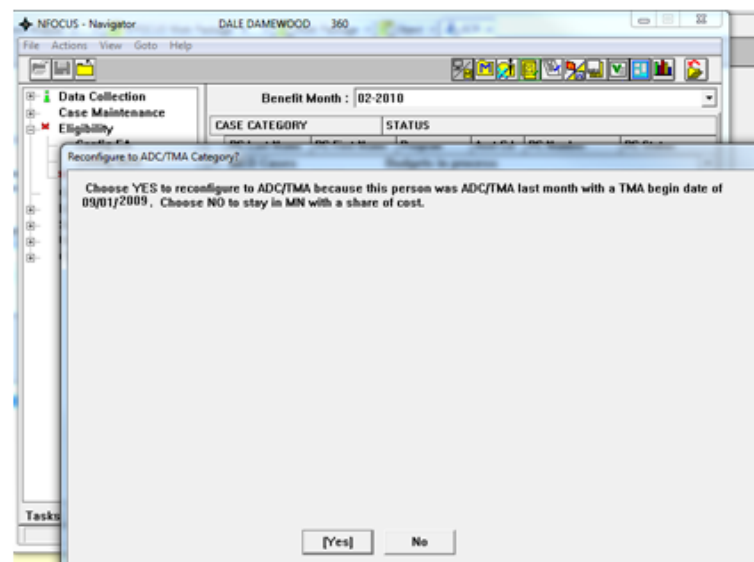
Client Delay – a delay caused by the client such as failing to provide requested information by the Verification Request due date.

Third Party Delay – a delay caused by an outside entity such as waiting for a Social Security disability determination.

Reconfigure ADC/TMA Prior to End of 12 Months (Fix)

ADC/TMA cannot be reconfigured to MN with SOC or go to "failed" MAGI PC until past 12 months. When this is attempted expert system will automatically place the ARP back into ADC/TMA. This has now been fixed.

Additionally, if a worker is reconfiguring due to one of the participants in a MN budget with a Share of Cost having been ADC/TMA last month with a TMA begin date in the last year or if the client has a failed MAGI parent caretaker budget and may be eligible the worker will get the Reconfigure to ADC/TMA Category message shown at the right.

If the worker selects "No", N-FOCUS will proceed with the Share of Cost MN budget.

If the worker selects "Yes" N-FOUCS would produce the ADC/TMA budget, preserving the TMA begin date from the previous month's most recently run ADC/TMA budget.

MED APTC Information (New)

MED APTC (Advanced Premium Tax Credit) Information is used for the implementation of the Affordable Care Act. We will send all Advanced Premium Tax Credit (APTC) sections of the paper application (Appendix A & B) to the Federally Facilitated Marketplace (FFM). The MED APTC Information tab allows us to collect this information from the paper application to submit to the Federally Facilitated Marketplace.

To enter the MED APTC Information, follow these steps:

1. From the Navigator, select Data Collection>Financial>MED APTC Information.
2. Click Add.

   The Add Advanced Premium Tax Credit window displays.

3. Select the appropriate person from the Person list.
4. Select the appropriate APTC Type from the list box.
5. Enter the App Received Date.
6. Click OK.

Depending on the selections made on the Add Advance Premium Tax Credit window, the following windows will display.

Health Plan Option
- Update APTC Employer Detail window displays
  - Enter information as appropriate
  - Click Next

Add APTC Health Plan Details window will display.

- Enter information as appropriate
- Click OK.

Tribal Payment Option
- Add APTC Tribal Payment Details window displays
    - Enter information as appropriate
    - Click OK

Tribes Option
- Add APTC Tribal Affiliation Details window displays
    - Enter information as appropriate
    - Click OK

Medicaid Budgeting Compatibility Test (Change)

The order that N-FOCUS expert system looks at verification for income for MAGI budgets has been changed as follows:

1. Failed budgets (i.e. the calculated income exceeds the limit) do not require verification or compatibility tests: Failed is failed and the tests are not performed. Nothing has changed for this scenario.

2. If there is IRS income information available, Expert System will do an income compatibility test against this income. If the compatibility test passes the budget can be authorized and no further steps are taken. However, the failure of this test alone will not prevent the budget from being authorized:

   a. If we do not have the income from the IRS to compare, this test will fail, with a reason of IRS Data Not Received.

b. If there is a taxable social security amount returned from the IRS for the household, this test ALSO fails, giving a reason of IRS Information Includes SSA Income. If a taxable amount of SSA data is returned we cannot use the automated verification.

3. If the amount calculated for the budget is less than the limit amount for that budget (as it would be in any passed budget) AND the IRS comparison amount is also less than the limit amount, we will mark the Income Compatibility test as "exempt", and allow the budget to be authorized based on this exemption.


4. The next verification source that expert system will prioritize will be SEW verification. Expert system will look for SEW verification (when the 'Verified by Sew' checkbox is selected in the Calculate Income window) even if another form of verification has been entered.

5. If there is no IRS information received and SEW has not been selected as the verification type, expert system will look to verify income in the current fashion (looking for paystubs or pay schedule.)

Mask SSN (Change)

The Social Security Number (SSN) will now be masked in Expert System.

HUB Immigration Verification (New)

The HUB Immigration Status has been added to the Verifications Task in Expert System. HUB Immigration Verification will now display in the Verification task as a separate Verification Type.
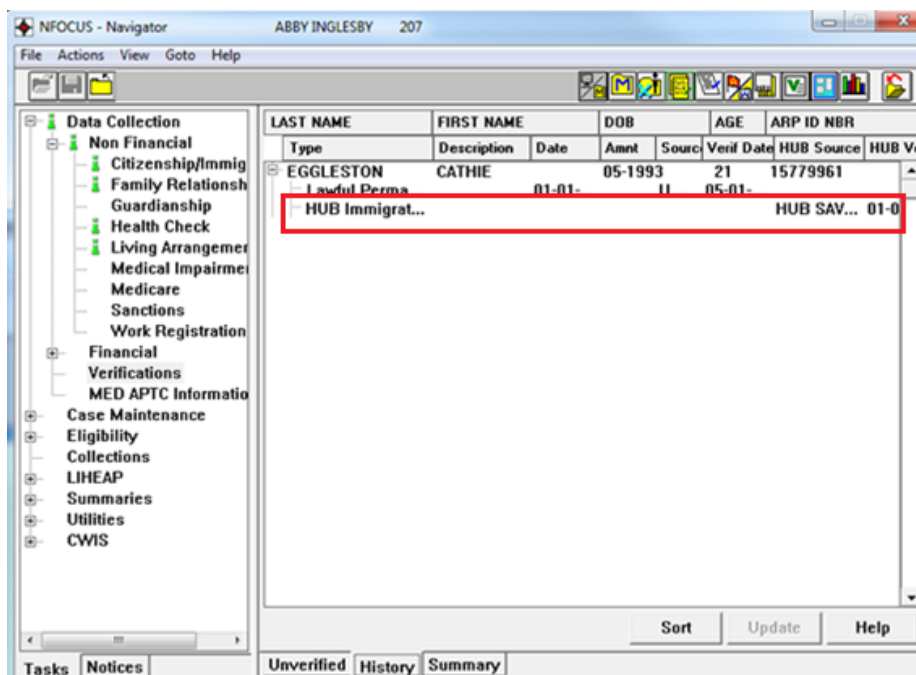
Medicaid Budgeting Eligibility for Non-Citizens (Change)

Medicaid Budgeting will continue to look at the HUB /SAVE Interface response to determine non-citizen eligibility.

- If eligibility yes or no can be determined from the response Med, Budgeting will use the response
- If there is no HUB/SAVE response or the response indicates that determination by the Hub is pending, Medicaid Budgeting will look at the information posted in the Expert System Citizenship/Immigration task
- Eligibility will then be determined based on what is posted in Expert System Citizenship/Immigration or, if necessary, the person's pregnancy status
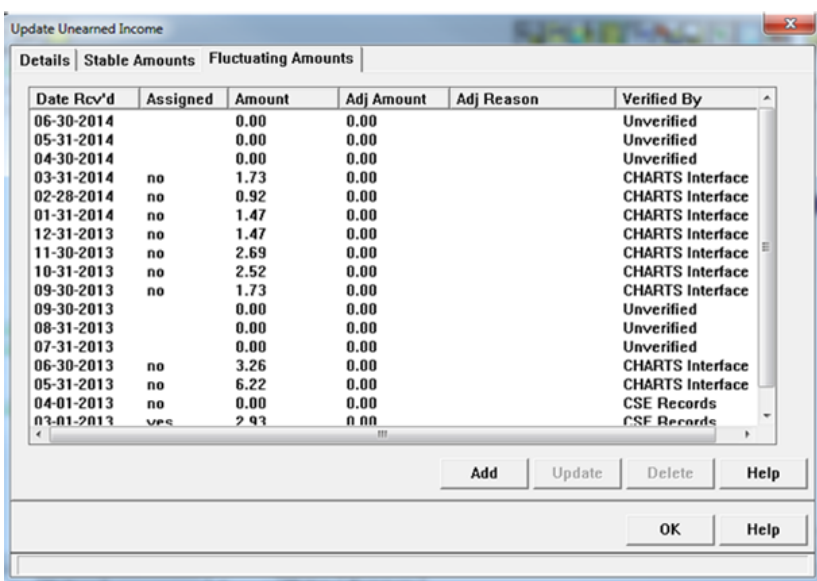
Citizenship Effective Date (Change)

Previously, when US Citizenship was verified on a new or reopened pending person, the Citizenship Effective Date was defaulting to 4 months prior to the Application Received Date in the Expert System Citizenship/Immigration task. This has been corrected to default the Citizenship begin date to the clients Date of Birth.

Unearned Income Child Support and Spousal Support (Change)

Previously we were adding zero monthly amounts to Child Support and Spousal Support when the monthly CHARTS Interface found no amount for the month.

Effective with this release we will only fill in zeros if the most recent Child Support or Spousal Support amount is verified by the CHARTS Interface. If the verification source is something other than CHARTS Interface no zeros will be created by the system.

AABD/OMB Resource Budgeting Correction (Change)

AABD/OMB resources are now considering the Family Relationships in the budget. If there is only one client in the home, the resource level is $4000. If the client is married, the resource level is $6000. If the client has any dependents in the household under the age of 19 they are allowed an additional $25 of resources.

Allow SSI Current Pay Rules for AABD/MN Category (Change)

If ANY participant (eligible member) in the budget unit of an AABD/OMB MED budget is current pay, we exempt them from the income and resource test, and activate them. This will now include those people in nursing homes, hospital acute care, institution or Assisted Living Waiver.

Waiver Program Cases Added in Expert (Fix)

When waiver program cases were added in expert, they were going to Change Management mode when the Master Case was checked in. This has been fixed, and they will now be in Assigned mode.

Medicaid Budgeting Tax Household for Unmarried Parents (Fix)

Previously, the Medicaid Household was not being formed properly when unmarried parents were living together and only one parent was filing taxes. The Medicaid Household in this situation will now be based on family relationships and not the Tax Household hold.

Note: This issue has not yet been fixed if the case fails MAGI and goes to CHIP. The fix for CHIP will go out with the August 10th Interim Release.

Self-Employment Tax Return Data Collection (Change)

The MAGI indication was removed from Schedule C Line 29 Tentative Profit or Loss.

All programs use this line on Schedule C.

Program Assistance Code (Tip)

There are certain instances when a budget category falls into the Non-MAGI category, but the program assistance code will be MAGI. This is done for IVR phone routing purposes and for Renewal forms to not display resource questions in certain circumstances. If a MAGI household contains someone in a Non-MAGI category, it may be necessary to pursue resource verification at Renewal time if a MAGI renewal form was sent.